## Case 22-33406-KLP Doc 1 Filed 11/30/22 Entered 11/30/22 16:32:46 Desc Main Document Page 1 of 69

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF VIRGINIA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this is an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

06/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

t 1: Identify Yourself				
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	About Debtor 2 (Spouse Only in a Joint Case)	
Your full name				
Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Patrick First name  E Middle name  Timberlake Last name and Suffix (Sr., Jr., II, III)	Stefanie First name  Walker Middle name  Timberlake  Last name and Suffix (Sr., Jr., II, III)	First name  Walker  Middle name  Timberlake	
All other names you have used in the last 8 years Include your married or maiden names.	Patrick Edwin Timberlake	Stefanie Walker	Stefanie Walker	
Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7296	xxx-xx-9389	xxx-xx-9389	
	Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Timberlake Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Patrick First name  E Middle name  Timberlake Last name and Suffix (Sr., Jr., II, III)  Patrick Edwin Timberlake	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Timberlake  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 1:  Patrick  First name  Finderlake  Last name and Suffix (Sr., Jr., II, III)  Patrick Edwin Timberlake  xxx-xx-7296	About Debtor 1:  About Debtor 2 (Spouse Only in a Joint Case):  Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  All other names.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  About Debtor 2 (Spouse Only in a Joint Case):  Stefanie  Walker  Middle name  Timberlake  Last name and Suffix (Sr., Jr., II, III)  Stefanie Walker  Stefanie Walker  XXX-XX-7296

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Debtor 1 Patrick E Timberlake
Debtor 2 Stefanie Walker Timberlake

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EIN	■ I have not used any business name or EINs.  Business name(s)  EIN
5.	Where you live	933 Edgar Road	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		King William County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other
		other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	otor 2 Stefanie Walker Ti	mberlake			Case number (if known)		
Par	t 2: Tell the Court About	our Bankru	ptcy Case				
7. The chapter of the Bankruptcy Code you are		Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	☐ Chapter	7				
		☐ Chapter	11				
		☐ Chapter	12				
		■ Chapter	13				
8.	How you will pay the fee	abou order a pre	t how you may pay.  If your attorney is printed address.	. Typically, if you are paying the fee yo submitting your payment on your beha	k with the clerk's office in your local court for urself, you may pay with cash, cashier's chalf, your attorney may pay with a credit cardon, sign and attach the Application for Indiv	neck, or money d or check with	
				ments (Official Form 103A).	n, sign and attach the <i>Application for Indiv</i>	iduais to Pay	
		but is applie	not required to, wa es to your family siz	aive your fee, and may do so only if yo se and you are unable to pay the fee in	n only if you are filing for Chapter 7. By law ur income is less than 150% of the official p n installments). If you choose this option, yo cial Form 103B) and file it with your petition	poverty line that ou must fill out	
9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?						
	iasi o years :	☐ Yes.	District	When	Casa number		
			District District	When	Case number Case number		
			District	When	Case number		
					Case number		
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor		Relationship to you		
			District	When	Case number, if known		
			Debtor		Relationship to you		
			District	When	Case number, if known		
11.	Do you rent your	■ No.	Go to line 12.				
	residence?	☐ Yes.	Has your landlord	obtained an eviction judgment agains	t you?		
		. 30.	□ No. Go to	line 12.			
			Yes. Fill or		Judgment Against You (Form 101A) and file	e it as part of	

Patrick E Timberlake

Debtor 1

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	tor 2 Stefanie Walker T		е		Case number (if known)
Pari	3: Report About Any Bu	usinesses	You Owr	າ as a Sole Propriet	or
	Are you a sole proprietor of any full- or part-time business?	■ No.		Part 4.	
	adomoco i	☐ Yes.	Name	e and location of busi	iness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	oer, Street, City, State	e & ZIP Code
	it to this petition.		Chec	k the appropriate box	x to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business</i> <i>debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)?	proceed you are o	under Suchoosing to stateme (B).	bchapter V so that it to proceed under Sub	court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. ter 11.
	For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am I Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.			11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11.
		☐ Yes.			11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.
ar	4: Report if You Own or	r Have Any	/ Hazardo	ous Property or Any	Property That Needs Immediate Attention
4.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to public health or safety?	<b>—</b> 100.	What is	the hazard?	
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?	
					Number, Street, City, State & Zip Code

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Debtor 1	Patrick E Timberlake	
Debtor 2	Stefanie Walker Timberlake	Case number (if known)
		·

Part 5: Explain Your Eff

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 22-33406-KLP Doc 1 Filed 11/30/22 Entered 11/30/22 16:32:46 Desc Main Document Page 6 of 69

	tor 2 Stefanie Walker T				Case nu	umber (if known)		
Pari	6: Answer These Quest	ons for Rep	orting Purposes					
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
			re your debts primarily busine noney for a business or investme					
			☐ No. Go to line 16c.					
		_	Yes. Go to line 17.					
		16c. S	state the type of debts you owe th	nat are not consum	ner debts or bu	siness debts		
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter 7. G	o to line 18.				
	Do you estimate that after any exempt property is excluded and		am filing under Chapter 7. Do yo re paid that funds will be availab			property is excluded and administrative expensitions?	es	
	administrative expenses		□No					
	are paid that funds will be available for distribution to unsecured creditors?	[	] Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-199 □ 200-999		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,00		☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	<b>\$100,00</b>	,000 - \$100,000 1 - \$500,000 1 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$50,000,001	- \$50 million - \$100 million	\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion  More than \$50 billion		
20.	How much do you estimate your liabilities to be?	<b>\$100,00</b>	,000 I - \$100,000 1 - \$500,000 1 - \$1 million	\$1,000,001 - \$10,000,001 \$50,000,001 \$100,000,00	- \$50 million - \$100 million	\$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion		
Part	: 7: Sign Below							
For	you	I have exar	nined this petition, and I declare	under penalty of p	erjury that the i	information provided is true and correct.		
						gible, under Chapter 7, 11,12, or 13 of title 11, d I choose to proceed under Chapter 7.		
and 3571.								
			er of title 11, Unite	d States Code	, specified in this petition.			
			case can result in fines up to \$2	50,000, or impriso	nment for up to	o 20 years, or both. 18 U.S.C. §§ 152, 1341, 15	19,	
			k E Timberlake Timberlake f Debtor 1			Walker Timberlake alker Timberlake Debtor 2	-	
		Executed o	November 30, 2022 MM / DD / YYYY		Executed on	November 30, 2022 MM / DD / YYYY	=	

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Debtor 1 Debtor 2	Patrick E Timberl Stefanie Walker T		Cas	se number (if known)	
	attorney, if you are ed by one	I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify	ted States Code, and have e	explained the relief avail	lable under each chapter
•	not represented by ey, you do not need page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.			
	. •	/s/ Patrick Thomas Keith	Date	November 30, 202	22
		Signature of Attorney for Debtor		MM / DD / YYYY	
		Patrick Thomas Keith 48446 Printed name			
		Boleman Law Firm, P.C.			
		P.O. Box 11588 Richmond, VA 23230-1588 Number, Street, City, State & ZIP Code			

Email address

ecf@bolemanlaw.com

Contact phone (804) 358-9900

48446 VA Bar number & State

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Fill in this infor	mation to identify your	case:	.,/	
Debtor 1	Patrick E Timberl	ake		
	First Name	Middle Name	Last Name	
Debtor 2	Stefanie Walker 1	imberlake		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA	
Case number				
(if known)				☐ Check if this is amended filing

## Official Form 106Sum

Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

page 1 of 2

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	rt 1: Summarize Your Assets		
		Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	178,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	67,635.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	245,635.00
Par	rt 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	212,279.89
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	19,008.99
	Your total liabilities	\$	231,288.88
Par	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,742.60
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	6,127.20
Pai	rt 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and s	submit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information

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	Patrick E Timberlake		
Debtor 2	Stefanie Walker Timberlake	Case number (if known)	
	the court with your other schedules.		

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$\_\_\_\_\_10,644.62

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clain	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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		Document Pa	age 10 of 69			
Fill in this infor	rmation to identify your case and th	is filing:				
Debtor 1	Patrick E Timberlake					
Debtor 2	First Name Middle  Stefanie Walker Timberlake		st Name			
(Spouse, if filing)	First Name Middle		st Name			
United States B	ankruptcy Court for the: EASTERN	DISTRICT OF VIRGINIA				
Case number						Check if this is an amended filing
Schedu n each category,	orm 106A/B  le A/B: Property separately list and describe items. List as Be as complete and accurate as possible					
nformation. If mo Answer every que	re space is needed, attach a separate sh	neet to this form. On the top	o of any additional pages, v			
□ No. Go to Pa ■ Yes. Where	art 2.	What is the property? C	neck all that apply			
933 Edgar Road  Street address, if available, or other description		Single-family home Duplex or multi-un Condominium or c	it building	the amount of	any secured cla	or exemptions. Put ims on <i>Schedule D:</i> ecured by <i>Property</i> .
Hanover	VA 23069-0000	<ul><li>☐ Manufactured or m</li><li>☐ Land</li></ul>	nobile home	Current value entire propert		urrent value of the ortion you own?
City	State ZIP Code	☐ Investment proper☐ Timeshare☐ Other☐ Who has an interest in t☐ Debtor 1 only		Describe the	simple, tenancy if known.	\$178,000.00 ownership interest by the entireties, or
King Will	liam	☐ Debtor 2 only	-			
County			debtors and another	(see instruc		nity property
		Primary Residence	•			
	llar value of the portion you own fo have attached for Part 1. Write that					\$178,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debto Debto		atrick E Tir tefanie Wa	nberlake Iker Timberlake		Case number (	(if known)	
. Car	s, vans,	trucks, trac	tors, sport utility ve	hicles, motorcycles			
	lo						
<b>■</b> Y	'es						
3.1		Ford F150 Sup 2013 mate mileage: formation:	170,000	Who has an interest in the property? Check one  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  ☐ Check if this is community property (see instructions)	the amo Creditor Current entire p	unt of any secure	aims or exemptions. Put ed claims on Schedule D: ms Secured by Property.  Current value of the portion you own?
[				(see instructions)			
3.2		Nissan Pathfinde 2019 mate mileage: formation:	er SV 2wd 85,000	Who has an interest in the property? Check one  ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amo Creditor  Current	unt of any secure	aims or exemptions. Put de claims on Schedule D: ms Secured by Property.  Current value of the portion you own?
				☐ Check if this is community property (see instructions)		\$21,558.00	\$21,558.00
■ Y 4.1	'es Make: Model:	Child's 4	wheeler	Who has an interest in the property? Check one  Debtor 1 only	the amo	unt of any secure	aims or exemptions. Put bd claims on Schedule D:
	Year:			Debtor 2 only		value of the	Current value of the
				■ Debtor 1 and Debtor 2 only		roperty?	portion you own?
	Other inf	formation:		☐ At least one of the debtors and another☐ Check if this is community property (see instructions)		\$500.00	\$500.00
				n for all of your entries from Part 2, includin			\$35,158.00
Part 3:			nal and Household Ite	ems terest in any of the following items?			Current value of the
,		,	- <b>3</b>			!	portion you own? Do not deduct secured claims or exemptions.
Ex.	amples: No	goods and f Major applian	urnishings nces, furniture, linens	, china, kitchenware			
				Refrigerator, Range, Microwave, Sofa, le Tables, End Tables, Lamps, Desk and			
			Kitchen Table a	nd chairs, Bed, Chest, Vaccum			\$1,000.00

Official Form 106A/B Schedule A/B: Property page 2

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	ebtor 1 ebtor 2	Patrick E Tir Stefanie Wa	mberlake Iker Timberlake Case number (if kn	nown)
7.	□ No	es: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mu phones, cameras, media players, games	usic collections; electronic devices
	_ 100.	20001120	Televisions, Cell phones, Computer	\$500.00
8.	Example  No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, ons, memorabilia, collectibles	coin, or baseball card collections;
9.	Example  No	ent for sports al es: Sports, photo musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; car	noes and kayaks; carpentry tools;
10	□ No		s, shotguns, ammunition, and related equipment	
			Handgun 9mm	\$175.00
11	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
			Clothing	\$300.00
12	□ No ·		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge	ems, gold, silver \$200.00
			Wedding and Engagement Rings	\$200.00
	Examp  ■ No □ Yes.	rm animals bles: Dogs, cats, Describe		
14	■ No	Give specific inf	d household items you did not already list, including any health aids you did not li	st
1			of all of your entries from Part 3, including any entries for pages you have attached number here	d \$2,175.00
Pa	art 4: Des	scribe Your Finan	cial Assets	
D	o you ow	n or have any l	egal or equitable interest in any of the following?	Current value of the

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured

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Debtor 2	Stefanie Walker	riake Timberlake	Case number (if known)	
			clain	ns or exemptions.
☐ No		in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
			Cash on Hand	\$1.00
			counts; certificates of deposit; shares in credit unions, brokerage houses, ar s with the same institution, list each.	nd other similar
			Institution name:	
	17	7.1. Checking	Atlantic Union	\$200.00
	17	7.2. Savings	Ally	\$0.00
Examp ■ No	, mutual funds, or pu	7.3. Prepaid  ublicly traded stocks stment accounts with br	Paypal  rokerage firms, money market accounts  r name:	\$0.0
Example No □ Yes  9. Non-pu	, <b>mutual funds, or pu</b> oles: Bond funds, inve	ublicly traded stocks estment accounts with br	okerage firms, money market accounts	
Example No No Yes  9. Non-pu joint v ■ No	, mutual funds, or puoles: Bond funds, inve	ublicly traded stocks estment accounts with br Institution or issuer and interests in incorp	rokerage firms, money market accounts rname: norated and unincorporated businesses, including an interest in an LL	
Examp  No Yes  Non-pu joint v  No Yes.  O. Govern Negoti	n, mutual funds, or publes: Bond funds, investigations.  Sublicly traded stock are ture  Give specific informations and corporate instruments including the corporate instruments in corporate in corporate in corporate in corporate instruments in corporate in	ublicly traded stocks estment accounts with br  Institution or issuer and interests in incorp ation about them Name of entity:	rokerage firms, money market accounts rname: porated and unincorporated businesses, including an interest in an LL	
Example No No Yes  9. Non-pu joint v No Yes.  O. Govern Negoti Non-no No	n, mutual funds, or publes: Bond funds, investigations.  Sublicly traded stock are ture  Give specific informations and corporate instruments including the corporate instruments in corporate in corporate in corporate in corporate instruments in corporate in	ublicly traded stocks estment accounts with breatment accounts with breatment and interests in incorporation about them Name of entity:  bonds and other negated personal checks, cast are those you cannot trade	rokerage firms, money market accounts romane:  norated and unincorporated businesses, including an interest in an LL  % of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders.	\$0.00
Examp  No Yes  No-pu joint v No Yes  No Yes  Retiren	n, mutual funds, or publes: Bond funds, investigations.  ublicly traded stock are ture  Give specific informations included instruments included instruments.  Give specific informations are the specific informations are the specific informations.	ublicly traded stocks stement accounts with brunch and interests in incorporation about them	rokerage firms, money market accounts romane:  norated and unincorporated businesses, including an interest in an LL  % of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders.	
Examp  No Yes  9. Non-pu joint v No Yes  0. Govern Negoti Non-no No Yes.  1. Retiren Examp	n, mutual funds, or publes: Bond funds, investigations. Bond funds, investigations. Bond funds, investigations. Bond funds and an	Institution or issuer and interests in incorp ation about them Name of entity: be bonds and other negulate personal checks, care those you cannot tration about them Issuer name: ounts ERISA, Keogh, 401(k), 4	rokerage firms, money market accounts  roame:  corated and unincorporated businesses, including an interest in an LL  % of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
Examp  No Yes  9. Non-pu joint v No Yes  10. Govern Negoti Non-nu No Yes  11. Retiren Examp No	n, mutual funds, or publes: Bond funds, investigations. Bond funds, investigations. Bond funds, investigations. Bond funds and corporate in the instruments inclues and corporate in the instruments. Give specific informations. Bond funds: Interests in IRA, I List each account separate.	Institution or issuer and interests in incorp ation about them Name of entity: be bonds and other negouse personal checks, care those you cannot tration about them Issuer name:  ounts ERISA, Keogh, 401(k), 4	rokerage firms, money market accounts  roame:  porated and unincorporated businesses, including an interest in an LL  % of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	

Official Form 106A/B Schedule A/B: Property page 4

Institution name or individual:

☐ Yes. .....

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Debtor 1 Debtor 2		Timberlake Walker Timberlake	Case number (if known)	
23. <b>Annui</b> t ■ No	ties (A contrad	ct for a periodic payment of money to you, either for life or for	a number of years)	
☐ Yes.		Issuer name and description.		
		eation IRA, in an account in a qualified ABLE program, or 1), 529A(b), and 529(b)(1).	under a qualified state tuition progra	m.
■ No □ Yes.		Institution name and description. Separately file the records	of any interests.11 U.S.C. § 521(c):	
_	, equitable o	r future interests in property (other than anything listed in	n line 1), and rights or powers exercis	able for your benefit
■ No □ Yes.	Give specific	c information about them		
Exam <sub>i</sub> ■ No	ples: Internet	s, trademarks, trade secrets, and other intellectual proper domain names, websites, proceeds from royalties and licensists information about them		
		es, and other general intangibles permits, exclusive licenses, cooperative association holdings	, liquor licenses, professional licenses	
☐ Yes.	Give specific	c information about them		
Money or	property owe	ed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	funds owed t	information about them, including whether you already filed to	ne returns and the tax years	
■ No	ples: Past due	e or lump sum alimony, spousal support, child support, mainte information	nance, divorce settlement, property sett	lement
Exam <sub>i</sub> ■ No	<i>ples:</i> Unpaid v	neone owes you wages, disability insurance payments, disability benefits, sick runpaid loans you made to someone else	pay, vacation pay, workers' compensati	ion, Social Security
31. <b>Interes</b> Exam	sts in insuran		dit, homeowner's, or renter's insurance	
□ No ■ Yes.	Name the ins	surance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
		Term Life through Employer	Spouse	\$0.00
		Term life Through Employer	Spouse	\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

Case 22-33406-KLP Doc 1 Filed 11/30/22 Entered 11/30/22 16:32:46 Desc Main Page 15 of 69 Document Patrick E Timberlake Debtor 1 Debtor 2 Stefanie Walker Timberlake Case number (if known) ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims □ No Yes. Describe each claim....... Proceeds within six months of filing of bankruptcy petition from life insurance, property settlement, \$1.00 or any decedent's estate. 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$30,302.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information.......

Official Form 106A/B Schedule A/B: Property page 6

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

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Patrick E Timberlake Debtor 1 Stefanie Walker Timberlake Debtor 2 Case number (if known) Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$178,000.00 56. Part 2: Total vehicles, line 5 \$35,158.00 57. Part 3: Total personal and household items, line 15 \$2,175.00 58. Part 4: Total financial assets, line 36 \$30,302.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$67,635.00 \$67,635.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$245,635.00

Official Form 106A/B Schedule A/B: Property page 7

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Fill in this infor	mation to identify your	case:		
Debtor 1	Patrick E Timber	ake		
	First Name	Middle Name	Last Name	
Debtor 2	Stefanie Walker T	Timberlake		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA	
Case number				
(if known)				☐ Check if this is an
				amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are	you claiming?	? Check one only	, even if	your spouse is filin	g with	you.
----	-----------------------------	---------------	------------------	-----------	----------------------	--------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
\$178,000.00		\$20,702.11	Va. Code Ann. § 34-4
		100% of fair market value, up to any applicable statutory limit	
\$13,100.00		\$1.00	Va. Code Ann. § 34-26(8)
		100% of fair market value, up to any applicable statutory limit	
\$13,100.00		\$0.00	Va. Code Ann. § 34-4
		100% of fair market value, up to any applicable statutory limit	
\$21,558.00		\$1.00	Va. Code Ann. § 34-4
		100% of fair market value, up to any applicable statutory limit	
\$21,558.00	•	\$1.00	Va. Code Ann. § 34-26(8)
		100% of fair market value, up to any applicable statutory limit	
	\$178,000.00 \$13,100.00 \$13,100.00	\$178,000.00	\$178,000.00  \$178,000.00  \$178,000.00  \$100% of fair market value, up to any applicable statutory limit  \$13,100.00  \$100% of fair market value, up to any applicable statutory limit  \$13,100.00  \$100% of fair market value, up to any applicable statutory limit  \$13,100.00  \$100% of fair market value, up to any applicable statutory limit  \$21,558.00  \$100% of fair market value, up to any applicable statutory limit  \$11.00  \$100% of fair market value, up to any applicable statutory limit  \$100% of fair market value, up to any applicable statutory limit

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Patrick E Timberlake Debtor 1 Stefanie Walker Timberlake Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Child's 4 wheeler Va. Code Ann. § 34-4 \$500.00 \$1.00 Line from Schedule A/B: 4.1 П 100% of fair market value, up to any applicable statutory limit Washer, Dryer, Refrigerator, Range, Va. Code Ann. § 34-26(4a) \$1,000,00 \$1,000.00 Microwave, Sofa, Loveseat, Recliner, Coffee Tables, End Tables, Lamps, 100% of fair market value, up to Desk and chairs, Kitchen Table and any applicable statutory limit chairs, Bed, Chest, Vaccum Line from Schedule A/B: 6.1 Televisions, Cell phones, Computer Va. Code Ann. § 34-26(4a) \$500.00 \$500.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Handgun 9mm Va. Code Ann. § 34-26(4b) \$175.00 \$175.00 Line from Schedule A/B: 10.1 100% of fair market value, up to any applicable statutory limit Clothing Va. Code Ann. § 34-26(4) \$300.00 \$300.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Wedding and Engagement Rings** Va. Code Ann. § 34-26(1a) \$200.00 \$200.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash on Hand Va. Code Ann. § 34-4 \$1.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking: Atlantic Union** Va. Code Ann. § 34-4 \$200.00 \$1.00 Line from Schedule A/B: 17.1 П 100% of fair market value, up to any applicable statutory limit Savings: Ally Va. Code Ann. § 34-4 \$0.00 \$1.00 Line from Schedule A/B: 17.2 П 100% of fair market value, up to any applicable statutory limit Prepaid: Paypal Va. Code Ann. § 34-4 \$0.00 \$1.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 401(k): Employer Provided Patterson v. Shumate, 504 100% \$100.00 Line from Schedule A/B: 21.1 U.S. 753 (1991) 100% of fair market value, up to any applicable statutory limit

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Debto				Case number (if known)	
Brief	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	01(k): Employer Provided ine from Schedule A/B: 21.1	\$100.00		\$1.00	Va. Code Ann. § 34-4
-	and noni ouredate A.D. 2111			100% of fair market value, up to any applicable statutory limit	
	01(k): Employer Provided ine from Schedule A/B: 21.1	\$100.00		\$1.00	Va. Code Ann. § 34-34
L	ine nom <i>Scredule A/B.</i> <b>21.1</b>			100% of fair market value, up to any applicable statutory limit	
	01(k): Employer Provided ine from Schedule A/B: 21.2	\$30,000.00		100%	Patterson v. Shumate, 504 U.S. 753 (1991)
L	ine nom <i>Scredule PVB.</i> 21.2			100% of fair market value, up to any applicable statutory limit	0.0. 700 (1001)
	erm Life through Employer Beneficiary: Spouse	\$0.00		100%	Va. Code Ann. § 38.2-3122
	ine from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	erm Life through Employer Beneficiary: Spouse	\$0.00		\$1.00	Va. Code Ann. § 34-4
	ine from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	Proceeds within six months of filing of bankruptcy	\$1.00		\$1.00	Va. Code Ann. § 34-4
p	petition from life insurance, property settlement, or any decedent's estate. ine from Schedule A/B: 34.1			100% of fair market value, up to any applicable statutory limit	
	Are you claiming a homestead exemption Subject to adjustment on 4/01/25 and every  No			iled on or after the date of adjustmer	nt.)
	<ul><li>Yes. Did you acquire the property cover</li><li>☐ No</li></ul>	ed by the exemption wi	ithin 1	,215 days before you filed this case	?
	□ Yes				

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		Document	Page 20	of 69		
Filli	n this information to identify	y your case:				
Deb	tor 1 Patrick E Ti	mberlake				
	First Name	Middle Name	Last Name			
Deb	tor 2 Stefanie Wa	alker Timberlake				
(Spou	se if, filing) First Name	Middle Name	Last Name			
Unite	ed States Bankruptcy Court fo	r the: EASTERN DISTRICT OF VIRO	GINIA			
Case	e number					
(if kno	own)				☐ Check	if this is an
					amend	led filing
~						
Offi	cial Form 106D					
Scl	hedule D: Credite	ors Who Have Claims	Secured	by Propert	У	12/15
Do oo	complete and accurate as nece	ible. If two married poonle are filing togeth	or both are on	ually recognible for a	unnlying correct informs	tion If more encod
is nee		ible. If two married people are filing togeth fill it out, number the entries, and attach it				
1. Do	any creditors have claims secui	red by your property?				
[	☐ No. Check this box and sub	omit this form to the court with your other	r schedules. Yo	ou have nothing else t	o report on this form.	
	Yes. Fill in all of the information	ŕ		9	·	
Part	1: List All Secured Claim	IS		Column A	Column B	Column C
		has more than one secured claim, list the creater has a particular claim, list the other creditor		Amount of claim	Value of collateral	Unsecured
		nabetical order according to the creditor's name		Do not deduct the	that supports this	portion
	] A			value of collateral.	claim	If any
2.1	Argent Federal Credit Union	Describe the property that secures	the claim:	\$11,176.00	\$13,100.00	\$0.00
	Creditor's Name	2013 Ford F150 Supercab X				
		170,000 miles	2 4114			
	Re: Bankruptcy	, , , , , , , , , , , , , , , , , , ,				
	P.O. Box 72	As of the date you file, the claim is: apply.	Check all that			
	Chesterfield, VA 23832	Contingent				
	Number, Street, City, State & Zip Code	Unliquidated				
		☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
_	ebtor 1 only	An agreement you made (such as	mortgage or sec	ured		
∐ D	ebtor 2 only	car loan)				
<b>D</b>	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
ΠА	t least one of the debtors and anot					

**PMSI** 

Other (including a right to offset)

Last 4 digits of account number

☐ Check if this claim relates to a

Date debt was incurred 8/28/2018

community debt

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Debtor 1 Patrick E Timberlake		Case num	iber (if known)		
First Name Middle N Debtor 2 <b>Stefanie Walker Timber</b>					
First Name Middle N		-			
2.2 Argent Federal Credit Union	Describe the property that secures the	no claim: \$1	14,456.00	\$13,100.00	\$12,532.00
Creditor's Name	2013 Ford F150 Supercab XL	10 0.0		<del></del>	<b>4.2,002.00</b>
	170,000 miles	. 4114			
Re: Bankruptcy	As of the date you file, the claim is:	Shook all that			
P.O. Box 72	apply.	check all that			
Chesterfield, VA 23832	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only	■ An agreement you made (such as n	nortgage or secured			
Debtor 2 only	car loan)				
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Cross-Collateraliza	ation		
Date debt was incurred	Last 4 digits of account numb	er			
2.3 Select Portfolio Servicing	Describe the property that secures the	ne claim: \$3	32,939.00	\$178,000.00	\$0.00
Creditor's Name	933 Edgar Road Hanover, VA	23069			
	King William County				
PO Box 65250	Primary Residence As of the date you file, the claim is:	Check all that			
Salt Lake City, UT 84165-0250	apply.				
	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
☐ Debtor 1 only	■ An agreement you made (such as n	portango or socured			
☐ Debtor 2 only	car loan)	lorigage or secured			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Second Mortgage			
Date debt was incurred	Last 4 digits of account numb	er			
2.4 SN Servicing Corporation	Describe the property that secures the	ne claim: \$12	24,358.89	\$178,000.00	\$0.00
Creditor's Name	933 Edgar Road Hanover, VA	23069			
	King William County				
	Primary Residence As of the date you file, the claim is:	N 1 11 11 11 11 11 11 11 11 11 11 11 11			
323 Fifth Street	apply.	Check all that			
Eureka, CA 95501	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
Debtor 1 only	_				
Debtor 2 only	An agreement you made (such as n car loan)	nortgage or secured			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	hanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim relates to a	•	Deed of Trust			
community debt	— Other (including a right to onset)				
Date debt was incurred	Last 4 digits of account numb	er			

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Debtor 1 Patrick E Timberlake C			Case number (if known)								
		First Name	Middle Na	ame	Last Name	<del></del>					
Debt	or 2	Stefanie W	lalker Timberl	ake							
		First Name	Middle Na	ame	Last Name						
2.5		IIs Fargo Do	ealer	5		4		\$29,350.00	\$21,558.00	\$7,792.00	
		rvices itor's Name			e property that secures			Ψ23,330.00	Ψ21,330.00	Ψ1,132.00	
	Crea	itor's Name			san Pathfinder SV	2wd					
	•			85,000 m	iles						
		n: Bankrupt	•	As of the da	ate you file, the claim is	Check all that	l				
		Box 13000	~	apply.	• •						
	Rai	eigh, NC 27	600	Continge	ent						
	Num	ber, Street, City, S	tate & Zip Code	☐ Unliquida	ated						
				□ Disputed							
Who	owe	s the debt? C	heck one.	Nature of li	ien. Check all that apply.						
	ebtor	1 only		An agree	■ An agreement you made (such as mortgage or secured						
	ebtor	2 only		car loan)							
<b>■</b> D	ebtor	1 and Debtor 2	only	☐ Statutory lien (such as tax lien, mechanic's lien)							
☐ At least one of the debtors and another		☐ Judgment lien from a lawsuit									
		if this claim re nunity debt	lates to a	Other (in	cluding a right to offset)	PMSI					
Date	debt	was incurred	5/18/2019	Last	4 digits of account num	nber					
Ad	d the	dollar value of	your entries in C	olumn A on tl	his page. Write that nur	nber here:		\$212,279.	89		
		the last page of the last number here		the dollar val	ue totals from all pages	<b>5.</b>	\$212,279.89				
Part	2:	List Others to	o Be Notified fo	r a Debt Tha	at You Already Liste	d					
Use trying	his p	page only if you collect from you creditor for any	u have others to b	e notified abo we to someon you listed in	out your bankruptcy for ne else, list the creditor	a debt that ye	d then list	the collection ager	or example, if a collection ncy here. Similarly, if yo onal persons to be noti	u have more	
[]	1 S							n Part 1 did you ente	r the creditor? _2.2_		

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			D0	cument Page 23	3 01 69	
Fill in t	this inform	ation to identify your	case:			
Debtor	1	Patrick E Timberl	ake			
Dobtoi		First Name	Middle Name	Last Name		
Debtor	2	Stefanie Walker T	imberlake			
(Spouse i	if, filing)	First Name	Middle Name	Last Name		
United	States Ban	kruptcy Court for the:	EASTERN DIST	RICT OF VIRGINIA		
_						
Case n						Check if this is an
(	,				-	amended filing
						g
Offici	al Form	106E/F				
Sche	dule E/	F: Creditors W	/ho Have Ui	nsecured Claims		12/15
ny exec Schedul Schedul eft. Atta	cutory contra e G: Executo e D: Credito ch the Conti	acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec	that could result in pired Leases (Officia ured by Property. If	a claim. Also list executory of al Form 106G). Do not include more space is needed, copy	Part 2 for creditors with NONPRIORITY contracts on Schedule A/B: Property (O any creditors with partially secured clathe Part you need, fill it out, number the do not file that Part. On the top of any a	fficial Form 106A/B) and on ims that are listed in e entries in the boxes on the
Part 1:		of Your PRIORITY Ur				
	•	s have priority unsecure	d claims against yo	ou?		
	No. Go to Pa	rt 2.				
	Yes.					
Part 2:	l ist ΔII	of Your NONPRIORIT	V Unsecured Cla	ime		
		s have nonpriority unsec				
_	-		_	•		
ш	No. You nave	e nothing to report in this p	art. Submit this form	to the court with your other sch	edules.	
	Yes.					
uns	ecured claim n one creditor	, list the creditor separatel	y for each claim. For	each claim listed, identify what	o holds each claim. If a creditor has more type of claim it is. Do not list claims alread n three nonpriority unsecured claims fill out	y included in Part 1. If more
						Total claim
4.1	Bedrock	Recovery Center	Las	t 4 digits of account number	7906	\$6,982.69
		Creditor's Name				<u> </u>
	500 Victo Suite 3	ory Road	Wh	en was the debt incurred?	XXXX	
		MA 02171				
		eet City State Zip Code	As	of the date you file, the claim	is: Check all that apply	
	Who incurr	red the debt? Check one.				
	Debtor 1	only		Contingent		
	Debtor 2	? only		Unliquidated		
	Debtor 1	and Debtor 2 only		Disputed		
	☐ At least	one of the debtors and an	ouiei	e of NONPRIORITY unsecure	d claim:	
		f this claim is for a com	munity —	Student loans		
	debt	subject to offset?		Obligations arising out of a sepa ort as priority claims	aration agreement or divorce that you did r	not
	No	. oabjoor to onser:			ng plans, and other similar debts	
	■ No					
	⊔ Yes			Other. Specify Medical Se	I AICES	

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	Patrick E Timberlake Stefanie Walker Timberlake	Case number (if known)				
4.2	Capital One	Last 4 digits of account number XXXX	\$702.00			
	Nonpriority Creditor's Name PO Box 31293	When was the debt incurred?				
	Salt Lake City, UT 84030-0281  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent				
	■ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Account Balance				
	Capital One Nonpriority Creditor's Name	Last 4 digits of account number XXXX	\$4,006.00			
	PO Box 31293 Salt Lake City, UT 84030-0281	When was the debt incurred?				
-	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Account Balance				
4.4	CBNA/Brand Source Nonpriority Creditor's Name	Last 4 digits of account number XXXX	\$1,351.00			
	P.O. Box 6497 Sioux Falls, SD 57117	When was the debt incurred?				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Account Balance				

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Debtor 2 <b>Stefanie Walker Timberlake</b>		Case number (if known)					
4.5	Dish Network	Last 4 digits of account number 6147	\$189.96				
	Nonpriority Creditor's Name 9601 S. Meridian Blvd.	When was the debt incurred?					
	Englewood, CO 80112  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.	As of the date you file, the claim is. Offeck all that apply					
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
		Student loans					
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ <sub>No</sub>	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Account Balance					
4.6	Emergency Coverage Corp	Last 4 digits of account number XXXX	\$204.00				
	Nonpriority Creditor's Name	When was the debt incurred?					
	PO Box 740023 Cincinnati, OH 45274	when was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Medical Services					
4.7	Henrico Doctor's Hospital	Last 4 digits of account number XXXX	\$200.00				
	Nonpriority Creditor's Name Bankruptcy Dept PO Box 291569	When was the debt incurred?					
	Nashville, TN 37229-1569						
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	□ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	· · · · · · · · · · · · · · · · · · ·					
	⊔ res	■ Other. Specify Medical Services					

Debtor 1 Patrick E Timberlake

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Debtor 1 Patrick F Timberlake

Debto	or 2 Stefanie Walker Timberlake	Case number (if known)				
4.8	Henrico Doctor's Hospital	Last 4 digits of account number XXXX	\$200.00			
	Nonpriority Creditor's Name Bankruptcy Dept PO Box 291569	When was the debt incurred?				
	Nashville, TN 37229-1569  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	Other. Specify Medical Services				
4.9	Kohls Department Store	Last 4 digits of account number XXXX	\$586.00			
	Nonpriority Creditor's Name PO Box3115	When was the debt incurred?				
	Milwaukee, WI 53201  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	76 of the date you me, the claim is. of contain that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Account Balance				
4.1	Medicredit	Last 4 digits of account number 2198	\$200.00			
0	Nonpriority Creditor's Name PO Box 505600	When was the debt incurred?	• • • • • • • • • • • • • • • • • • • •			
	Saint Louis, MO 63150-5600					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Medical Services				

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	Patrick E Timberlake Stefanie Walker Timberlake	Case number (if known)	
4.1	Medicredit	Last 4 digits of account number XXXX	\$70.00
	Nonpriority Creditor's Name PO Box 505600 Saint Louis, MO 63150-5600	When was the debt incurred?	
-	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account Balance	
4.1	Mercury Card FB&T	Last 4 digits of account number XXXX	\$1,429.00
	Nonpriority Creditor's Name PO BOx 84064 Columbus, GA 31908	When was the debt incurred?	
-	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account Balance	
4.1	OrthoVirginia Nonpriority Creditor's Name	Last 4 digits of account number XXXX	\$387.34
	7858 Shrader Road Henrico, VA 23294	When was the debt incurred?	
=	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

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Debtor Debtor	Patrick E Timberlake Stefanie Walker Timberlake	Case number (if known)	
4.1	SYNCB/PPC	Last 4 digits of account number XXXX	\$494.00
	Nonpriority Creditor's Name C/O PO BOX 965036 Orlando, FL 32896-5036	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Account Balance	
4.1 5	Upstart/Finwise	Last 4 digits of account number XXXX	\$1,496.00
	Nonpriority Creditor's Name 2950 South Delaware St San Mateo, CA 94403	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Account Balance	
4.1	Verizon Wireless	VVVV	\$511.00
6	Nonpriority Creditor's Name	Last 4 digits of account number XXXX	φ311.00
	500 Technology Drive Ste. 300	When was the debt incurred?	
	Saint Charles, MO 63304-2225  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Offect all that apply	
	☐ Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Account Balance	

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Case number (if known)  I listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be
which entry in Part 1 or Part 2 did you list the original creditor?
4.16 of (Check one):  □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
4 digits of account number
hich entry in Part 1 or Part 2 did you list the original creditor?
<b>4.13</b> of ( <i>Check one</i> ): □ Part 1: Creditors with Priority Unsecured Claims
Part 2: Creditors with Nonpriority Unsecured Claims  4 digits of account number
k v ::

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 19,008.99
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 19,008.99

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Fill in this information to identify your case:						
Debtor 1	Patrick E Timber	lake				
	First Name	Middle Name	Last Name			
Debtor 2	Stefanie Walker Timberlake					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT C	PF VIRGINIA			
Case number _						

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Turnbull Law Group
55 E Monroe
Suite 3800
Chicago, IL 60603

State what the contract or lease is for
Debt Settlement - Reject

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Fill in this	information to identify your	casa:	nt rage of o	1 00	
Debtor 1	Patrick E Timber	Middle Name	Last Name		
Debtor 2	Stefanie Walker		Last Name		
(Spouse if, filin		Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT C	F VIRGINIA		
Case numb	per				
(if known)					Check if this is an amended filing
O((; -; -)	<b>                                    </b>				<b>3</b>
	Form 106H				
<u>Scnea</u>	ule H: Your Cod	eptors			12/15
our name	and case number (if known)  you have any codebtors? (If	). Answer every question		. •	o of any Additional Pages, write
■ No					
■ No □ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana				y states and territories include
■ No.	Go to line 3.				
☐ Yes	. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, line	е
	Name			□ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street			<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	e
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	
1	Number Street			_	
(	City	State	ZIP Code		

Fill	in this information to identify yo	our case:						
		Timberlake						
Debtor 2 Stefanie Walker Timberlake (Spouse, if filing)								
Uni	ited States Bankruptcy Court fo	r the: EASTERN DISTRICT	OF VIRGINIA					
	se number nown)		-			ed filing ent showing	g postpetition o	hapter
0	fficial Form 106I			Ī	MM / DD/ Y	YYY		
S	chedule I: Your II	ncome						12/15
sup spo atta	plying correct information. If use. If you are separated and	you are married and not filing wing your spouse is not filing wing wing. On the top of any additi	pple are filing together (Debtor ng jointly, and your spouse is ith you, do not include informa onal pages, write your name a	iving with tion abou	n you, inclu It your spo	ude inform ouse. If mo	nation about y re space is n	our eeded,
1.	Fill in your employment information.		Debtor 1		Debtor 2	2 or non-fil	ing spouse	
	If you have more than one job	o, Employment status	■ Employed		■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed		☐ Not employed			
	employers.	Occupation	Truck Driver		Registerned Nurse  HCA Health Services of VA			
	Include part-time, seasonal, o self-employed work.	Employer's name	C.T.Purcell Inc					
	Occupation may include stud or homemaker, if it applies.	ent <b>Employer's address</b>	Montpelier, VA 23192	Henrico Doctors Hospita 1602 Skipwith Road Henrico, VA 23229		oad		
		How long employed to	here? Since 2020			Since 200	1	_
Esti	rt 2: Give Details About imate monthly income as of the use unless you are separated.	•	you have nothing to report for an	y line, writ	e \$0 in the	space. Incl	lude your non-	filing
	ou or your non-filing spouse have space, attach a separate she		ombine the information for all em	ployers for	that perso	on on the lin	nes below. If yo	ou need
				For De	btor 1	For Deb non-filir	otor 2 or ng spouse	
2.	List monthly gross wages, deductions). If not paid mont			\$4	1,913.78	\$	5,682.00	
3.	Estimate and list monthly o	vertime pay.	3. +	\$	0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 4,913.78

\$ 5,682.00

Patrick E Timberlake Debtor 1 Stefanie Walker Timberlake Debtor 2 Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4.913.78 5,682.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a. 957.10 940.42 5b. Mandatory contributions for retirement plans 5b. \$ \$ 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 191.36 \$ 169.78 5d. Required repayments of retirement fund loans 5d. 0.00 145.58 5e. Insurance 5e. 0.00 644.26 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. **Union dues** 5g. 0.00 0.00 5h. Other deductions. Specify: Post Tax Life 5h.+ 48.49 \$ 0.00 **Emp Life** \$ 0.00 \$ 5.98 \$ LTD 0.00 \$ 9.19 \$ **HC FSA** \$ 208.33 0.00 \$ Dep Life 0.00 3.49 **Cillness** 0.00 20.58 Hospital 0.00 10.70 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,196.95 6. 2,158.31 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 3,716.83 \$ 3,523.69 List all other income regularly received: 8 Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 0.00 8b. Interest and dividends 8b. 0.00 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. Unemployment compensation 8d. 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 Other government assistance that you regularly receive 8f. Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. 0.00 0.00 Pension or retirement income 8g. 8g. 0.00 0.00 **Federal and State Tax Refunds** 8h.+ 0.00 232.08 Other monthly income. Specify: Amortized \$ \$ 0.00 270.00 **Part Time Income** Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 0.00 502.08 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 3,716.83 + \$ 4.025.77 \$ 7.742.60 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12. 7,742.60 applies Combined

monthly income

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Debtor 1 Patrick E Timberlake Debtor 2 Stefanie Walker Timberlake			se number (if known)	
13. <b>Do</b> :	ou expect an incr	ease or decrease within the year after you file this form?		
	No.			
	Yes. Explain:			

Official Form 106l Schedule I: Your Income page 3

Fill	in this informa	ition to identify yo	our case:							
Deb	otor 1	Patrick E Tin	nberlake			Ch	eck i	f this is:		
							Ar	amended filing		
	otor 2 ouse, if filing)	Stefanie Wal	ker Timb	erlake					ving postpetition chap the following date:	ter
								'		
Unit	ed States Bankr	ruptcy Court for the:	EASTE	RN DISTRICT OF VIRGIN	IIA		MI	M / DD / YYYY		
1	e number nown)									
Of	fficial Fo	rm 106J								
S	chedule	J: Your I	Exper	nses						12/1
Be info	as complete a	and accurate as	possible eded, atta	. If two married people a ch another sheet to this						
Par		ribe Your House	hold							
1.	Is this a joir  ☐ No. Go to									
	_	s Debtor 2 live i	n a senar	ate household?						
	= 100. <b>D00</b>		n a sepan	ate flousefloid.						
		-	st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of De	ebtor	2.		
2.	Do you have	e dependents?	□ No							
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati			Dependent's age	Does dependent live with you?	
	Do not state dependents				Child			11	□ No ■ Yes	
									□ No	
					Child			13	Yes	
									□ No □ Yes	
									□ No	
	_								☐ Yes	
3.	expenses o	penses include f people other th d your depender	han <sub>—</sub>	No Yes						
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp						
•										
the		h assistance and		government assistance i cluded it on <i>Schedule I:</i> `				Your expe	enses	
4.		or home owners		ses for your residence. I	nclude first mortgage	e 4.	\$		657.73	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		0.00	
		rty, homeowner's				4b.			0.00	
		maintenance, re owner's associat	•	upkeep expenses		4c. 4d.	_		0.00 0.00	
5.				our residence, such as ho	me equity loans	4u. 5.			168.97	

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Debt Debt		Patrick E Timberlake Stefanie Walker Timberlake	Case num	ber (if known)	
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	200.00
	6b.	Water, sewer, garbage collection	6b.	\$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	500.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	d and housekeeping supplies		\$	1,200.00
8.	Child	dcare and children's education costs	8.	\$	0.00
9.	Cloth	ning, laundry, and dry cleaning	9.	\$	200.00
10.	Pers	onal care products and services	10.	\$	200.00
11.	Medi	cal and dental expenses	11.	\$	125.00
12.	Trans	sportation. Include gas, maintenance, bus or train fare.			
		ot include car payments.	12.	\$	700.00
		rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	500.00
14.	Char	itable contributions and religious donations	14.	\$	0.00
-		rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.	4.5	•	
		Life insurance	15a.	·	0.00
		Health insurance	15b.	· -	0.00
		Vehicle insurance	15c.	\$	166.50
		Other insurance. Specify: Gun Insurance	15d.	\$	39.00
		s. Do not include taxes deducted from your pay or included in lines 4 or 20. ify: Personal Property	16.	\$	32.00
		Illment or lease payments:			
		Car payments for Vehicle 1	17a.	·	0.00
	17b.	Car payments for Vehicle 2	17b.	\$	0.00
		Other. Specify:	17c.	\$	0.00
		Other. Specify:	17d.	\$	0.00
		payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
		r payments you make to support others who do not live with you.		\$	0.00
	Spec	ify:	19.		
20.	Othe	r real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
	20a.	Mortgages on other property	20a.	·	0.00
	20b.	Real estate taxes	20b.	\$	0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Othe	r: Specify: Miscellaneous Expenses	21.	+\$	1,438.00
22.	Calc	ulate your monthly expenses			
	22a.	Add lines 4 through 21.		\$	6,127.20
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		Add line 22a and 22b. The result is your monthly expenses.		\$	6,127.20
23.	Calc	ulate your monthly net income.			
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,742.60
		Copy your monthly expenses from line 22c above.	23b.	·	6,127.20
	_0	copy your montain, expenses nom mis 22s above.			0,127.20
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	1,615.40
24.	For ex	ou expect an increase or decrease in your expenses within the year after yo kample, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage?	ou file this mortgage	s form? payment to increa	se or decrease because of a
		1 —			

	, , , , , , , , , , , , , , , , , , , ,
No.	
☐ Yes.	Explain here:

Fill in this infor	mation to identify your	case.			
Debtor 1					
Debior 1	Patrick E Timber	Middle Name	Last Name		
Debtor 2	Stefanie Walker				
Spouse if, filing)	First Name	Middle Name	Last Name	<del></del>	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF \	/IRGINIA		
Case number					
if known)				☐ Check if this amended filir	
ou must file thi btaining mone	is form whenever you f	le bankruptcy schedules or n connection with a bankru		mation. a false statement, concealing prop o to \$250,000, or imprisonment for	
Sig	n Below				
Did you pa	ay or agree to pay some	one who is NOT an attorne	to help you fill out bankrupto	y forms?	
■ No					
☐ Yes. I	Name of person			Attach Bankruptcy Petition Prepared Declaration, and Signature (Official	
	alty of perjury, I declare re true and correct.	that I have read the summa	ry and schedules filed with thi	s declaration and	
X /s/ Pat	rick E Timberlake		X /s/ Stefanie Walker	Timberlake	
	k E Timberlake		Stefanie Walker Ti	mberlake	
Signatu	re of Debtor 1		Signature of Debtor 2		
Date	November 30, 2022		Date November 3	0 2022	

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Fill is	n this inform	nation to identify you	r case:			
Debte		Patrick E Timber				
Debii	01 1	First Name	Middle Name	Last Name		
Debte	or 2	Stefanie Walker				
(Spous	se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
Case (if know	number				_	Check if this is an mended filing
Sta Be as inform	complete a	of Financial and accurate as possiore space is needed,	attach a separate sheet to	re filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
Part		n). Answer every ques Petails About Your Ma	stion. rital Status and Where You	Lived Before		
		current marital statu				
I [	■ Married □ Not mar	ried				
2. [	Ouring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
[ Part		ike sure you fill out <i>Scf</i>	nedule H: Your Codebtors (Of	ificial Form 106H).		
4. [	Did you have	e any income from en al amount of income yo		all businesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$46,777.80	■ Wages, commissions, bonuses, tips	\$54,048.10
			☐ Operating a business		☐ Operating a business	

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Debtor 1 Debtor 2			Γimberlake /alker Timber	lake			Ca	se number (if known		
				514				51/		
					of income that apply.		s income re deductions and sions)	Sources of in Check all that		Gross income (before deductions and exclusions)
		dar year: Decemb	: er 31, 2021)	■ Wages bonuses,	s, commissions, tips		\$48,895.00	■ Wages, cor bonuses, tips	nmissions,	\$48,884.00
				☐ Opera	ting a business			☐ Operating a	business	
			before that: er 31, 2020 )	■ Wages bonuses,	s, commissions, tips		\$51,920.00	■ Wages, cor bonuses, tips	nmissions,	\$51,920.00
				☐ Opera	ting a business			☐ Operating a	business	
	each :	•	d the gross inco	•		-	ved together, list it	•		
				Debtor 1				Debtor 2		
					of income below.	each	s income from source re deductions and sions)	Sources of in Describe below		Gross income (before deductions and exclusions)
			rent year until oankruptcy:				\$0.00	Retirement distributions	S	\$53,036.00
Part 3: 6. Are	eithe No.	Debtor Neither individual During to No. Yes	1's or Debtor 2 Debtor 1 nor Debtor 2 al primarily for a the 90 days before Go to line 7 s List below a paid that cr not include ct to adjustmen 1 or Debtor 2 of the 90 days before Go to line 7 s List below a	each creditor you filed to 4/01/25 or both have each creditor.	amily, or househo for bankruptcy, di or to whom you pa not include paymer o an attorney for to and every 3 year e primarily consu- for bankruptcy, di	r debts? umer debts? umer debts id you pa id a total nts for do his bankr is after the umer debt id you pa	ots. Consumer debe."  y any creditor a toto of \$7,575* or more mestic support obluptcy case. at for cases filed on ots. y any creditor a toto of \$600 or more ar	al of \$7,575* or me in one or more pa igations, such as on or after the date al of \$600 or more	ore?  yments and the hild support a of adjustment. ?	creditor. Do not
				ments for d	omestic support o					nclude payments to an
Cre	editor'	s Name a	and Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	payment for

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	otor 1 otor 2	Patrick E Timberlake Stefanie Walker Timberlake		Cas	se number (if known)		
7.	Inside of whi	n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	rtners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their voting	erships of which yog g securities; and a	ou are a genera iny managing a	al partner; corporation gent, including one fo
	_	No Yes. List all payments to an insider.					
	Insid	ler's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
В.	inside	n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a de	ebt that benefited an
	_	No					
		Yes. List all payments to an insider der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Par	t 4:	Identify Legal Actions, Repossession	s and Foreclosures	paiu	Still Owe	include cred	iitoi s riame
9.	Within	n 1 year before you filed for bankrupto Il such matters, including personal injury ications, and contract disputes.	cy, were you a party in an				
		No					
		Yes. Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of th	ie case
	Patr Stef	ent Federal Credit Union v ick Edwin Timberlake & anie Walker Timberlake 2000421-00	Warrant in debt	King William G	BDC	■ Pending □ On appe □ Conclude	eal
10.		n 1 year before you filed for bankrupto k all that apply and fill in the details below		erty repossessed, f	oreclosed, garni	shed, attached	d, seized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.					
	Cred	litor Name and Address	Describe the Property		Date		Value of the property
			Explain what happened	l			property
11.	accol	n 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details.		uding a bank or fir	nancial institution	າ, set off any a	amounts from your
		litor Name and Address	Describe the action the	creditor took	Date	action was	Amount
					takei	1	
12.		n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a		rty in the possess	ion of an assigne	e for the bene	efit of creditors, a
	_	No Yos					
	<u></u> и	Yes					

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_	btor 2 Stefanie Walker		Case number	(if known)	
Pa	rt 5: List Certain Gifts a	nd Contributions			
13.	Within 2 years before yo	u filed for bankruptcy	y, did you give any gifts with a total value of more	than \$600 per person	?
	<ul><li>■ No</li><li>□ Yes. Fill in the details</li></ul>	for each gift.			
	Gifts with a total value of per person	f more than \$600	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Ga	ave the Gift and			
14.	■ No		y, did you give any gifts or contributions with a to	tal value of more than	\$600 to any charity?
		for each gift or contrib		_	
	Gifts or contributions to more than \$600 Charity's Name Address (Number, Street, Cit		Describe what you contributed	Dates you contributed	Value
Pai	rt 6: List Certain Losses				
	or gambling?  ■ No □ Yes. Fill in the details  Describe the property yes		cribe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Inclu	ude the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property.	loss	lost
Pai	rt 7: List Certain Payme	nts or Transfers			
	Within 1 year before you consulted about seeking	filed for bankruptcy, bankruptcy or prepa	did you or anyone else acting on your behalf pay aring a bankruptcy petition? rers, or credit counseling agencies for services requir		erty to anyone you
	□ No				
	Yes. Fill in the details				
	Person Who Was Paid	•	Description and value of any property	Date payment	Amount of
	Address Email or website addres Person Who Made the P		transferred	or transfer was made	payment
	Boleman Law Firm 2104 Laburnum Aven Ste 201 Richmond, VA 23230	ue	Legal Fees		\$175.00
	Boleman Law Firm 2104 Laburnum Aven Ste 201 Richmond, VA 23230		Bankruptcy Filing Fee		\$313.00
	Boleman Law Firm 2104 Laburnum Aven Ste 201 Richmond, VA 23230		Credit Counseling		\$25.00

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Debtor 1 Patrick E Timberlake
Debtor 2 Stefanie Walker Timberlake

Case number (if known)

17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you	ors or to make payments			operty to anyone who
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address	Description and variansferred	alue of any prope	orty Date payment or transfer was made	Amount of payment
	Turnbull Law Group 55 E Monroe Suite 3800 Chicago, IL 60603	Montly Paymen	ts	7/2022 - 11/2022	\$381.00
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No  Yes. Fill in the details.	ousiness or financial affa ade as security (such as t	airs? the granting of a se		
	Person Who Received Transfer Address  Person's relationship to you	Description and v		Describe any property or payments received or debt paid in exchange	Date transfer was made
19.	9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  Yes. Fill in the details.				
	Name of trust	Description and v	alue of the prope	rty transferred	Date Transfer was made
Pa	rt 8: List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and Stora	age Units	
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates of		
	☐ Yes. Fill in the details.				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	t or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any	safe deposit box or other dep	pository for securities,
	■ No □ Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the contents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than your	home within 1 ye	ear before you filed for bankru	uptcy?
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S		escribe the contents	Do you still have it?

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Debtor 1 Patrick E Timberlake
Debtor 2 Stefanie Walker Timberlake

Case number (if known)

Par	9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty yo	u borrowed from, are storing fo	r, or hold in trust			
	■ No							
	Yes. Fill in the details.  Owner's Name	Where is the property?	Dos	cribe the property	Value			
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, State and ZIP Code)	Des	cribe the property	Value			
Par	110: Give Details About Environmental Inform	ation						
For	he purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	nir, land, soil, surface water, groun						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, v	whether you now own, operate,	or utilize it or used			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s was	te, hazardous substance, toxic	substance,			
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they	occurred.				
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e unde	er or in violation of an environm	ental law?			
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)		Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site	Governmental unit		Environmental law, if you	Date of notice			
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		know it	Date of notice			
26.	Have you been a party in any judicial or admini	strative proceeding under any env	vironm	ental law? Include settlements	and orders.			
	■ No							
	Yes. Fill in the details.  Case Title	Court or agoney	Mati	ure of the case	Status of the			
	Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nati	ure of the case	case			
Par	11: Give Details About Your Business or Cor	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of t	the following connections to an	y business?			
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, eithe	er full-time or part-time				
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing execu	tive of a corporation						
	☐ An owner of at least 5% of the voting or		1					

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Patrick E Timberlake

Address (Number, Street, City, State and ZIP Code)

Debtor 1 Debtor 2

Del	otor 2 Stefanie Walker Timberlake	Ca	ase number (if known)
	■ No. None of the above applies. Go to  Yes. Check all that apply above and file	Part 12. Il in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	otcy, did you give a financial statement to a	nyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name	Date Issued	

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Debtor 1	Patrick E Timberlake			
Debtor 2	Stefanie Walker Timberlake			Case number (if known)
Part 12:	Sign Below			
l have rea	nd the answers on this Statement of Financ	ial Affaire a	and any attachments	and I declare under penalty of perjury that the answers
				or obtaining money or property by fraud in connection
	nkruptcy case can result in fines up to \$250			
18 U.S.C.	§§ 152, 1341, 1519, and 3571.			
/s/ Patri	ck E Timberlake	/s/ St	efanie Walker Timb	perlake
Patrick	E Timberlake	Stefa	nie Walker Timberl	ake
Signatur	e of Debtor 1	Signa	ture of Debtor 2	
Date N	ovember 30, 2022	Date	November 30, 20	22
Did you a	ttach additional pages to Your Statement o	f Financial	Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
■ No				
☐ Yes				
Did you p	ay or agree to pay someone who is not an	attorney to	help you fill out bank	ruptcy forms?
■ No				
☐ Yes. N	ame of Person Attach the Bankruptcy	Petition Pre	eparer's Notice, Declara	ntion, and Signature (Official Form 119).

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#### United States Bankruptcy Court Eastern District of Virginia

Eastern District of Virginia

Patrick E Timberlake

In re Stefanie Walker Timberlake Case No.  Debtor(s) Chapter 13		Failler E Tillibellare				
Debtor(s) Chapter 13	n re	Stefanie Walker Timberlake		Case No.		
Decisio) Chapter 10			Debtor(s)	Chapter	13	

	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  IN A CHAPTER 13 CASE  (for use in the Richmond Division only)			
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:			
	For legal services, I have agreed to accept \$ 5,609.00			
	Prior to the filing of this statement I have received \$ 175.00			
	Balance Due \$ <b>5,434.00</b>			
2.	The source of the compensation paid to me was:  Debtor    Other (specify)			
3.	The source of compensation to be paid to me is:  Debtor    Other (specify)			
4.	<ul> <li>■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.</li> <li>□ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.</li> </ul>			
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, as required by Local Bankruptcy Rule 2016-1(C)(3).			
6.	I am electing to request compensation and reimbursement of expenses in this case:			
	a. ■ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).			
	b. $\square$ By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).			
	An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule $2016-1(C)(1)(a)$ and $(C)(3)(a)$ at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule $2016-1(C)(1)(c)(ii)$ .			

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CERTIFICATION

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 30, 2022	
Date	

/s/ Patrick Thomas Keith
Patrick Thomas Keith 48446
Signature of Attorney

Boleman Law Firm, P.C.

Name of Law Firm
P.O. Box 11588
Richmond, VA 23230-1588
(804) 358-9900 Fax: (804) 358-8704

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

November 30, 2022		
Date		

/s/ Patrick Thomas Keith
Patrick Thomas Keith 48446
Signature of Attorney

Fill in this information to identify your case:					
Debtor 1	Patrick E Timberlake				
Debtor 2 (Spouse, if filing)	Stefanie Walker Timberlake				
United States E	Bankruptcy Court for the: Eastern District of Virginia				
Case number (if known)					

Check as directed in lines 17 and 21:						
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 5,730.84 4,913.78 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

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Case number (if known)

Column B Column A Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 4,913.78 5,730.84 10,644.62 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 10.644.62 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 Copy here=> 10.644.62 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 10,644.62 15a. Copy line 14 here=>

Patrick E Timberlake

Stefanie Walker Timberlake

Debtor 1

Debtor 2

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Debtor 1 Debtor 2		atrick E Timberlake stefanie Walker Timberlake	Case number (if known)	
		Multiply line 15a by 12 (the number of months in	<b>x</b> 12	
1	15b.	The result is your current monthly income for the	\$ 127,735.44	
16. <b>C</b> a	alcul	ate the median family income that applies to	you. Follow these steps:	
16	6a. F	ill in the state in which you live.	VA	
16	6b. F	ill in the number of people in your household.	4	
	T in	structions for this form. This list may also be ava	s, go online using the link specified in the separate	\$124,304.00_
		lo the lines compare?		
17	7a.		On the top of page 1 of this form, check box 1, <i>Disposable</i> NOT fill out <i>Calculation of Your Disposable Income</i> (Offici	
17	7b.		of page 1 of this form, check box 2, Disposable income is ulation of Your Disposable Income (Official Form 122 above.	
Part 3:		Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)	
18. <b>C</b>	ору	your total average monthly income from line 1	11.	\$ 10,644.62
cc sp	onten	the marital adjustment if it applies. If you are ad that calculating the commitment period under a sels income, copy the amount from line 13. the marital adjustment does not apply, fill in 0 on	e married, your spouse is not filing with you, and you 11 U.S.C. § 1325(b)(4) allows you to deduct part of your line 19a.	-\$0.00
19	9b. <b>S</b>	ubtract line 19a from line 18.		\$10,644.62
20. <b>C</b> a	alcul	ate your current monthly income for the year.	. Follow these steps:	
20	Da. C	opy line 19b		\$10,644.62
	N	fultiply by 12 (the number of months in a year).		<b>x</b> 12
20	Ob. T	he result is your current monthly income for the y	rear for this part of the form	\$ 127,735.44
20	Oc. C	copy the median family income for your state and	size of household from line 16c	\$ 124,304.00
21	1. <b>H</b>	ow do the lines compare?		
		Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	ise ordered by the court, on the top of page 1 of this form	ı, check box 3, The commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordered by the court, on the top of page 1	1 of this form, check box 4, The
Part 4:		Sign Below		
Ву	y sigi	ning here, under penalty of perjury I declare that	the information on this statement and in any attachments	is true and correct.
x /	s/ P	atrick E Timberlake	X /s/ Stefanie Walker Timberlak	ie
ī	Patr	ick E Timberlake	Stefanie Walker Timberlake	<u>-</u>
5	Signa	ature of Debtor 1	Signature of Debtor 2	
Da	ate _	November 30, 2022 MM / DD / YYYY	Date <b>November 30, 2022</b> MM / DD / YYYY	
lf ·		checked 17a, do NOT fill out or file Form 122C-2		

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	Stefanie Walker Timberlake	Case number (if known)	
Debtor 1	Patrick E Timberiake		

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in this info	ormation to identify your case:	
Debtor 1	Patrick E Timberlake	
Debtor 2 (Spouse, if filir	Stefanie Walker Timberlake	
United States	Bankruptcy Court for the: Eastern District of Virginia	
Case number (if known)		☐ Check if this is an amended filing
Official Form 1 Chapter	<u>22C-2</u> 13 Calculation of Your Disposable II	ncome 04/2
	form, you will need your completed copy of Chapter 13 Stateme	ent of Your Current Monthly Income and Calculation of
space is neede additional pag	e and accurate as possible. If two married people are filing toge ed, attach a separate sheet to this form, Include the line number es, write your name and case number (if known).  Alculate Your Deductions from Your Income	
the question	Il Revenue Service (IRS) issues National and Local Standards fons in lines 6-15. To find the IRS standards, go online using the Inmay also be available at the bankruptcy clerk's office.	
expenses if	expense amounts set out in lines 6-15 regardless of your actual expetence they are higher than the standards. Do not include any operating explored do not deduct any amounts that you subtracted from your spouse's	penses that you subtracted from income in lines 5 and 6 of Form
If your expe	nses differ from month to month, enter the average expense.	
Note: Line r	numbers 1-4 are not used in this form. These numbers apply to inform	mation required by a similar form used in chapter 7 cases.
5. The nu	umber of people used in determining your deductions from inco	ome
plus th	he number of people who could be claimed as exemptions on your for e number of any additional dependents whom you support. This num mber of people in your household.	
National St	andards You must use the IRS National Standards to answ	wer the questions in lines 6-7.

Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National

Standards, fill in the dollar amount for food, clothing, and other items.

1.900.00

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Patrick E Timberlake Debtor 1 Stefanie Walker Timberlake Debtor 2 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 4 7c. Subtotal. Multiply line 7a by line 7b. 300.00 Copy here=> \$ 300.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 153 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> \$ 300.00 300.00 7g. **Total.** Add line 7c and line 7f Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 775.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,509.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Select Portfolio Servicing** 168.97 **SN Servicing Corporation** 657.00 Copy Repeat this amount 825.97 825.97 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage 683.03 683.03 \$ or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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ebtor 2	Stefanie Walker Timberlake			Case number	(if known)		
11.	Local transportation expenses: Check the number of veh	nicles for whic	h you claim	an ownersh	ip or operating	g expense.	
	□ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	2 or more. Go to line 12.						
	Vehicle operation expense: Using the IRS Local Standard	ds and the nu	mber of vehi	cles for whi	ch vou claim t	he	
	operating expenses, fill in the <i>Operating Costs</i> that apply fo						534.00
	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.						
Veh	Describe Vehicle 1: 2013 Ford F150 Super	rcab XL 4w	d 170,000	miles			
13a.	Ownership or leasing costs using IRS Local Standard			\$	588.00		
13b.	Average monthly payment for all debts secured by Vehicle	1.					
	Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mo bankruptcy. Then divide by 60.			at			
	Name of each creditor for Vehicle 1	Average payment	monthly				
	Argent Federal Credit Union	\$	226.61				
	Argent Federal Credit Union	\$	39.01				
	Total Average Monthly Payment	\$	265.62	Copy here =>	-\$	Repeat this amount on line 33b.	
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$	\$0, enter \$0.		. \$	322.38	Copy net Vehicle 1 expense here => \$	322.38
Veh	nicle 2 Describe Vehicle 2: 2019 Nissan Pathfind	er SV 2wd 8	35,000 mile	es			
13d.	Ownership or leasing costs using IRS Local Standard			\$	588.00		
	Average monthly payment for all debts secured by Vehicle leased vehicles.	2. Do not incl	ude costs fo	r			
	Name of each creditor for Vehicle 2	Average payment	monthly				
	Wells Fargo Dealer Services	\$	437.12				
	Total average monthly payment	\$	437.12	Copy here => -\$ _	437.1	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense			_		Copy net	
	Subtract line 13e from line 13d. if this number is less than \$	\$0, enter \$0.		\$	150.88	Vehicle 2 expense here => \$	150.88
	Public transportation expense: If you claimed 0 vehicle Public Transportation expense allowance regardless of	f whether yo	u use public	c transport	ation.	\$	0.00
	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in not claim more than the IRS Local Standard for <i>Public Tran</i> .	what you beli					0.00

Patrick E Timberlake

Debtor 1

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Debtor 1 Debtor 2 Patrick E Timberlake
Stefanie Walker Timberlake
Case number (if known)

table Taxes: The total monthly amount that you will actually pay for federial, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes, You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you may forwed the expected refund by 12 and subtract that number from the total monthly parount that is withheld to pay for taxes.  17. Involutants deductions: The total monthly paroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  18. Information amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  19. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  19. Total insurance: The total monthly premiums that you pay to your your seven the lie insurance, if two married people are filling together, include payments that you make for your spouse is file insurance, or for any form of life insurance other than term.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or inful support payments.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or inful support payments.  20. Education: The total monthly amount that you pay for education that is either required.  21. Childcare: The total monthly amount that you pay for collection that is either required.  22. Childcare: The total monthly amount that you pay for deducation is available for similar services.  23. Optional telephone and telephone acrises. The total monthly amount that you pay for health care that is required for the health and welfare of you or you may mount that you pay for health care that is required for the health and welfare of your or your and your dependents and that is not reimbursed by i	Oth	er Necessary Expenses	In addition to the expense d the following IRS categories		s listed above	, you are allowed your monthly expense:	s for	
contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling hoppiser, include payments in that you make for your apouts term life insurance.  Do not include premiums for life insurance on your dependents, for a non-filling spouse's life insurance, or for any form of life insurance other than to appeal to enhance the surance of the final required to the payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for habit care had it required for the habit mad velidate of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health servings accounts should be listed only in line 25.  Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the other necessary for your replayment.  22. Add all of the expenses allowed under the IRS expense allowances listed in lines 5-24.  23. Health insurance, disability insurance, and health savings accounts that are reasonably necessary	16.	self-employment taxes, soo your pay for these taxes. H and subtract that number fr	cial security taxes, and Medic owever, if you expect to rece om the total monthly amount	are taxe ive a tax	s. You may ind refund, you m	clude the monthly amount withheld from just divide the expected refund by 12	\$	1,687.86
18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are lifing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance or their file insurance or your dependents, for a non-filing spouse's life insurance, or for any form of life insurance, and past due obligations for spousal or child support. You will list these obligations in line 35.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  10. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required:  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25.  23. Optional telephone aer letephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phones service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Health insurance, disability insurance, and health savings account shall be devictions allowed by the Means Test	17.	contributions, union dues, a	and uniform costs.		, ,		•	0.00
filing together, include payments that you make for your spouse's term life insurance, or for any form of life insurance or for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance or pour dependents, for a non-filing spouse's life insurance, or for any form of life insurance, disability insurance and health savings accounts that is either required:  Solution: The total monthly amount that you pay as required by the order of a court or administrative agent, such as spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Childcare: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare or you or your dependents and that is not reimbursed by insurance or pall by a health savings account that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  Onto include payments for basic home telephone, internet and cell phone service, to not include self-employment expenses, such as those reported on line 6 of Official Form 122C-1, or any amount you previously deducted.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-		Do not include amounts that	at are not required by your job	o, such a	s voluntary 40	1(k) contributions or payroll savings.	\$	0.00
administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Ceducation: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  20. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfact of you or your dependents and that is not reimbursed by insurance or pealt by a health savings accounts should be listed only in line 25.  21. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting; caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.  25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  26. Health insurance \$ 644.26  Disability insurance \$ 9 40.47  Health savings account \$ 9 90.00  27. Protection against family v	18.	filing together, include payr Do not include premiums for	ments that you make for your or life insurance on your depe	spouse'	s term life insu	rance.	\$	57.95
Education: The total monthly amount that you pay for education that is either required:  as a condition for your job, or  for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as spagers, call waiting, caller identifications, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as shose reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  4. These are additional deductions allowances.  Add lines 6 through 23.  4. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 644.26  Disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Do you actually spend this total amount?  A yes  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and s	19.	administrative agency, such	\$	0.00				
as a condition for your job, or	20							
Tor your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00	20.			ducation	i tilat is citrici i	required.		
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or peld by a health savings account. Include only the amount that is more than the total entered in line 7.  23. Optional telephone and telephone services: The total monthly amount that you pay for relecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  More: Do not include any expense allowances listed in lines 6:24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 644.26  Disability insurance  \$ 893.06  Copy total here⇒  \$ 893.06  Copy total here⇒  \$ 893.06  Copy total here⇒  \$ 0.00  Protection against family violence. The reasonably necessary monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your finusehold or member of your finusehold or member of your fousehold o		• •	\$	0.00				
Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  2. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  2. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses ellowances listed in lines 6-24.  2. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings account expenses. The monthly expenses for health insurance, and health savings account expenses. The monthly expenses for health insurance and health savings account that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 944.26  Disability insurance, and health savings account expenses. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your finueher of you	0.4		Ψ					
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  Disability insurance  \$ 644.26  Disability insurance  \$ 893.06  Copy total here>  \$ 893.06  Copy total here>  \$ 0.00  27. Protection against family wollence. The reasonable may be in surface and support of an elderly, chronically Ill., or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C., § 229A(b)  28. Protection against family wollence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and	21.				•	sitting, daycare, nursery, and preschool.	\$	0.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 644.26  Disability insurance  \$ 893.06  Copy total here=>  \$ 893.06  Do you actually spend this total amount?  No. How much do you actually spend?  Personance of the case of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	22.	that is required for the heal by a health savings account	\$	0.00				
Add lines 6 through 23.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 644.26  Disability insurance  \$ 893.06  Copy total here=>  \$ 893.06  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 9  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	23.	for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment						0.00
Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 644.26  Disability insurance  \$ 208.33  Total  \$ 893.06  Copy total here=> \$ 893.06  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26.  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	24.		llowed under the IRS expe	nse allo	wances.		\$	6,411.10
insurance, disability insurance, and health savings accounts that are reasonably necessary for your spouse, or your dependents.  Health insurance \$ 644.26  Disability insurance \$ 40.47  Health savings account +\$ 208.33  Total \$ 893.06 Copy total here=> \$ 893.06  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$	Add							
Disability insurance \$ 40.47  Health savings account +\$ 208.33  Total \$ 893.06 Copy total here=> \$ 893.06  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$	25.	insurance, disability insurar					or	
Health savings account  + \$ 208.33  Total  \$ 893.06  Copy total here=> \$ 893.06  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health insurance		\$	644.26			
Total  \$ 893.06 Copy total here=> \$ 893.06  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  \$ 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disability insurance		\$	40.47			
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  *  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  *  O.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings account	+	• \$	208.33			
No. How much do you actually spend?  Yes  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  7. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total		\$	893.06	Copy total here=>	\$	893.06
Yes  Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.								
26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		_ ′	ou actually spend?	Ф				
safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	Continuing contributions continue to pay for the reas your household or member	sonable and necessary care a of your immediate family who	r family and supp o is unal	oort of an elder ole to pay for s	ly, chronically ill, or disabled member of uch expenses. These expenses may		0.00
0.00	27.							
			•			es Act or other federal laws that apply.	\$	0.00

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20	Stefanie Walker Timberlake	Case number (if known)		
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and operating expenses on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en	costs that are more than the home energy costs included in expenses on linergy costs	е	
	You must give your case trustee document amount claimed is reasonable and necessary	ation of your actual expenses, and you must show that the additional ary.	\$	0.00
		dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23.		
	* Subject to adjustment on 4/01/25, and evo	ery 3 years after that for cases begun on or after the date of adjustment.	\$	0.00
		the monthly amount by which your actual food and clothing expenses are g allowances in the IRS National Standards. That amount cannot be more as in the IRS National Standards.		
		ional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office.		
	You must show that the additional amount	claimed is reasonable and necessary.	\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organization.	e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. § 548(d)(3) and (4).		
	Do not include any amount more than 15%	\$	0.00	
			•	893.06
	Add all of the additional expense deducted Add lines 25 through 31.	tions.	\$_	093.00
Ded	uctions for Debt Payment			
- 10		in property that you own, including home mortgages, vehicle		
Т	reditor in the 60 months after you file for ba	s 33a through 33e.  lent, add all amounts that are contractually due to each secured	Aver	age monthly
Т	o calculate the total average monthly paym	s 33a through 33e.  lent, add all amounts that are contractually due to each secured	Aver	age monthly nent
T C	To calculate the total average monthly paymereditor in the 60 months after you file for ba  Mortgages on your home	s 33a through 33e.  lent, add all amounts that are contractually due to each secured		
C	To calculate the total average monthly paymereditor in the 60 months after you file for ba  Mortgages on your home	s 33a through 33e.  lent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.		nent
Т с 33а.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles	s 33a through 33e.  eent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.		nent
Т с 33а.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	s 33a through 33e.  lent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.		825.97
33a. 33b. 33c.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here	a 33a through 33e.  Inent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.		825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here	s 33a through 33e.  lent, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.		825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	a 33a through 33e.  Ident, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.		825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:	as 33a through 33e.  Identify property that secures the debt  Does payment include taxes or insurance?		825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	as 33 at through 33e.  Ident, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	\$\$ \$\$	825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	as 33 at through 33e.  Ident, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	\$\$ \$\$	825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	Identify property that secures the debt    Does payment include taxes or insurance?   No   Yes   No   Yes   Yes	\$\$ \$\$	825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	a 33a through 33e.  Ident, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.    =>	\$\$ \$\$	825.97 265.62
33a. 33b. 33c. 33d.	To calculate the total average monthly paymereditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  e of each creditor for other secured debt	as 33 at through 33e.  Ident, add all amounts that are contractually due to each secured inkruptcy. Then divide by 60.	\$ \$ \$	825.97 265.62

Patrick E Timberlake

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Patrick E Timberlake Debtor 1 Stefanie Walker Timberlake Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE- $\div 60 = $$ Copy total 0.00 \$ 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ■ No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims ÷60 \$ 0.00 0.00 36. Projected monthly Chapter 13 plan payment 1,615.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 9.30 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 150.20 150.20 Average monthly administrative expense here=> 1,678.91 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 6,411.10 expense allowances Copy line 32, All of the additional expense deductions 893.06 Copy line 37, All of the deductions for debt payment +\$ 1,678.91 8,983.07 8,983.07 Total deductions..... Copy total here=>

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Debtor 1 Debtor 2	Patrick Stefanie		erlake er Timberlake		Ca	se nun	nber ( <i>if known</i> )		
Part 2:	Determ	nine You	r Disposable Income Under 11 U.	.S.C. § 1325(b	0)(2)				
			ent monthly income from line 14 Current Monthly Income and Calc					\$	10,644.62
<b>ch</b> dis red	ildren. The ability pay beived in a	e monthly ments fo ccordance	ly necessary income you receive y average of any child support payr or a dependent child, reported in Pat ce with applicable nonbankruptcy lated anded for such child.	ments, foster or rt I of Form 12	care payments, or 2C-1, that you	\$	s 0	.00	
em in	ployer with 11 U.S.C.	hheld fro § 541(b)(	etirement deductions. The monthly m wages as contributions for qualif (7) plus all required repayments of § 362(b)(19).	ied retirement	plans, as specified	1	361	.14	
42. <b>To</b>	tal of all d	eductio	ns allowed under 11 U.S.C. § 707	<b>(b)(2)(A).</b> Cop	y line 38 here=	<b>&gt;</b> \$	8,983	.07	
ex <sub>l</sub> the	penses an eir expense	d you ha es. You n	al circumstances. If special circum ve no reasonable alternative, described give your case trustee a detail ocumentation for the expenses.	ribe the specia	l circumstances ar	nd			
Descr	ibe the sp	ecial cir	cumstances		Amount of expe	ense			
					\$				
					\$		_		
					\$		_		
				Total \$_	0.00		opy ere=> \$	<b>0.00</b>	
44. <b>To</b>	tal adjust	ments. A	Add lines 40 through 43.		=>	\$	9,344.21	Copy here=> -\$	9,344.21
45. <b>C</b> a Part 3:	ı		thly disposable income under § 1	<b>325(b)(2).</b> Su	btract line 44 from	line 3	39.	\$	1,300.41
ha tim yo	ve change le your cas u filed you	d or are see will be repetition.	r expenses. If the income in Form virtually certain to change after the open, fill in the information below., check 122C-1 in the first column, n when the increase occurred, and	date you filed For example, enter line 2 in	your bankruptcy point the wages report the second column	etitioi ed in n, exp	n and during the creased after		
Form	Lin	е	Reason for change		Date of change	•	Increase or decrease?	Amount of	change
☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122	C-2 C-1 C-2 C-1						☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease	\$ \$	

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Debtor 1 Debtor 2 Patrick E Timberlake Stefanie Walker Timberlake			Case number (if known)				
Part 4:	Sign Below						
	By signing here, under penalty of perjury you declare that the inform		·				
X	/s/ Patrick E Timberlake Patrick E Timberlake Signature of Debtor 1	Х	/s/ Stefanie Walker Timberlake Stefanie Walker Timberlake Signature of Debtor 2				
Date	November 30, 2022  MM / DD / YYYYY	Date	MM / DD / YYYY				

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Debtor 1 Patrick E Timberlake

Debtor 2 Stefanie Walker Timberlake Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 05/01/2022 to 10/31/2022.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: C.T. Purcell

Year-to-Date Income:

Starting Year-to-Date Income: \$14,817.12 from check dated 4/30/2022. Ending Year-to-Date Income: \$44,299.80 from check dated 10/31/2022.

Income for six-month period (Ending-Starting): **\$29,482.68**.

Average Monthly Income: \$4,913.78.

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Debtor 1 Patrick E Timberlake
Stefanie Walker Timberlake

Case number (if known)

#### **Current Monthly Income Details for the Debtor's Spouse**

**Spouse Income Details:** 

Income for the Period 05/01/2022 to 10/31/2022.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **HCA Henrico Doctors** 

Year-to-Date Income:

Starting Year-to-Date Income: \$19,956.05 from check dated 4/30/2022 .
Ending Year-to-Date Income: \$54,048.10 from check dated 10/31/2022 .

Income for six-month period (Ending-Starting): \$34,092.05 .

Average Monthly Income: \$5,682.01.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: King William County [Began 10/22]

Year-to-Date Income:

Starting Year-to-Date Income: \$0.00 from check dated 4/30/2022.

Ending Year-to-Date Income: \$293.00 from check dated 10/31/2022

Income for six-month period (Ending-Starting): \$293.00 .

Average Monthly Income: \$48.83 .

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,738

\$1,167 filing fee \$571 administrative fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

total fee

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **United States Bankruptcy Court Eastern District of Virginia**

	Patrick E i imberiake			
In re	Stefanie Walker Timberlake		Case No.	
		Debtor(s)	Chapter	13

#### **COVER SHEET FOR LIST OF CREDITORS**

I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette, by a typed hard copy in scannable format, with Request for Waiver attached, or uploaded by Electronic Case Filing is a true, correct and complete listing to the best of my knowledge.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required

	by the Bankruptcy Rules are not used for	or mailing purposes.
	Master mailing list of creditors	submitted via:
	(a) computer diskette listin	ng a total of creditors; or
	(b) scannable hard copy, was a total of cre	with Request for Waiver attached, consisting of pages, listing editors; or
	(c) X uploaded via Electron	nic Case Filing a total of creditors.
Date:	November 30, 2022	/s/ Patrick E Timberlake
		Patrick E Timberlake
		Signature of Debtor
Date:	November 30, 2022	/s/ Stefanie Walker Timberlake
		Stefanie Walker Timberlake
		Signature of Debtor
		pplicable] Creditor(s) with

foreign addresses included on disk/nard copy.

Argent Federal Credit Union Re: Bankruptcy P.O. Box 72 Chesterfield, VA 23832

Bedrock Recovery Center 500 Victory Road Suite 3 Quincy, MA 02171

Capital One PO Box 31293 Salt Lake City, UT 84030-0281

CBNA/Brand Source P.O. Box 6497 Sioux Falls, SD 57117

Dish Network 9601 S. Meridian Blvd. Englewood, CO 80112

Emergency Coverage Corp PO Box 740023 Cincinnati, OH 45274

Henrico Doctor's Hospital Bankruptcy Dept PO Box 291569 Nashville, TN 37229-1569

Kohls Department Store PO Box3115 Milwaukee, WI 53201

Lafayette, Ayers & Whitlock 10160 Staples Mill Rd Ste 105 Glen Allen, VA 23060

McCarthy, Burgess & Wolff Re: 26000 Cannon Road Cleveland, OH 44146 Medicredit PO Box 505600 Saint Louis, MO 63150-5600

Mercury Card FB&T PO BOx 84064 Columbus, GA 31908

OrthoVirginia 7858 Shrader Road Henrico, VA 23294

Select Portfolio Servicing PO Box 65250 Salt Lake City, UT 84165-0250

SN Servicing Corporation 323 Fifth Street Eureka, CA 95501

SYNCB/PPC C/O PO BOX 965036 Orlando, FL 32896-5036

TransWorld System PO Box 15273 Wilmington, DE 19850

Turnbull Law Group 55 E Monroe Suite 3800 Chicago, IL 60603

Upstart/Finwise 2950 South Delaware St San Mateo, CA 94403

Verizon Wireless 500 Technology Drive Ste. 300 Saint Charles, MO 63304-2225 Wells Fargo Dealer Services Attn: Bankruptcy PO Box 130000 Raleigh, NC 27605